



## ELECTRONIC SUBMITTAL INSTRUCTIONS

We are accepting your permit applications by email only.

We do not accept hard copies at our office.

- **STEP 1** Please print the permit application in this package and fill it out properly, legibly and send it to [SUBMITTALS@CITYOFSWEETWATER.FL.GOV](mailto:SUBMITTALS@CITYOFSWEETWATER.FL.GOV)

Make sure to fill out all fields including square feet, value of job and a detailed description. Make sure you have the address of the job on the email subject line and master permit number if any. You must pay a nonrefundable upfront fee of \$150.00 for Commercial properties or \$85.00 for Residential. To pay please use the credit card form.

- **STEP 2** Scan and attach the application and upfront fee in one PDF file and plans must be submitted together in another PDF. Please segregate the plans according to discipline.
- **STEP 3** Once the application is processed the permit technician will email you a receipt for the charges. The permit number will be stated in your receipt for your reference.
- **STEP 4** Provide the assigned permit number when you submit your plans to MIAMI DADE COUNTY(MDC) for DERM, FIRE for all applicable reviews. We will review the plan simultaneously. Please segregate the plans according to discipline.
- **STEP 5** After all applicable trades have reviewed the permit plans, a clerk will reach you by email to advise the outcome.
- **STEP 6** Resubmit the plans approved by Miami Dade County and provide the permit number this department had assigned (For reference check your receipts). Please segregate the plans according to discipline.
- **STEP 7** Once you get notified that the permit is ready for final payment, please download the credit card form and send it to the submittals email, the clerk will email back on a first come first serve basis, the receipt, approved plans, the permit card, and instructions of how to schedule the inspection.

If you need to address comments, please make sure when resubmitting to state the original permit number referenced in the receipt.

**All permits' applications and issued permits are considered abandonment after 180 days of inactivity. The permit will be expired.**



City of Sweetwater  
Building and Zoning Department  
1701 NW 112 Ave, # 102  
Sweetwater, FL 33172

## Building Permit Application

Master Permit # \_\_\_\_\_

Building Permit # \_\_\_\_\_

Job Address \_\_\_\_\_

<b>1. Owner Information</b>	Name _____ Address _____ City _____ St _____ Zip _____ E-mail _____ Phone (____) _____ <input type="radio"/> Owner-Builder		<b>2. Contractor Information</b>	Company Name _____ Qualifier Name _____ Address _____ City _____ St _____ Zip _____ Lic # _____ Phone (____) _____	
	<b>3. Permit Type</b>	<b>4. Change to an Existing Permit</b>		<b>5. Type of Improvement</b>	<b>6. Architect/Engineer</b>
	<input type="radio"/> Building <input type="radio"/> Electrical <input type="radio"/> Mechanical <input type="radio"/> Plumbing/Gas <input type="radio"/> Paving/Drainage <input type="radio"/> Sign <input type="radio"/> Roofing	<input type="radio"/> Change Contractor <input type="radio"/> Extension <input type="radio"/> Renewal <input type="radio"/> Shop Drawing <input type="radio"/> Permit Supplement <input type="radio"/> _____		<input type="radio"/> New Construction <input type="radio"/> Addition Attached <input type="radio"/> Addition Detached <input type="radio"/> Alteration Interior <input type="radio"/> Alteration Exterior <input type="radio"/> Repair/Replace <input type="radio"/> Repair Due to Fire	<input type="radio"/> Demolish <input type="radio"/> Driveway <input type="radio"/> Fence <input type="radio"/> Pool <input type="radio"/> Shed <input type="radio"/> Shutters <input type="radio"/> _____
	Name _____ Address _____ City _____ St _____ Zip _____ Phone (____) _____ Reg. No. _____ Email _____			Folio No. _____ No. of Units _____ Lot _____ Block _____ Subdivision _____ Pb/Pg _____ Current Use of Property _____ Description of Work _____ _____	

Zoning: \_\_\_\_\_ Variance: \_\_\_\_\_ Area (Sq. Ft.) \_\_\_\_\_ Improvement Value \$ \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for **electrical, mechanical, plumbing, signs, wells, pools, roofing, shutter, window, and other trades**. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling for inspections and obtaining final inspection in accordance with the plans and specification.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.**

**Note: For Commercial and Industrial properties with condo association, the unit owner or tenant shall obtain approval from the association in writing for the propose new construction or alterations to the unit prior to having the permit and plans being submitted to the Building and Zoning Department**

I Certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

X \_\_\_\_\_  
Owner  
Print Name

X \_\_\_\_\_  
Condominium Association  
Print Name

Notary as to Owner or Condominium  
STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
by \_\_\_\_\_  
Notary Signature \_\_\_\_\_  
Personally known ☐ or I.D. \_\_\_\_\_

SEAL

X \_\_\_\_\_  
Signature of Qualifier  
Print Name

Notary as to Qualifier  
STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
by \_\_\_\_\_  
Notary Signature \_\_\_\_\_  
Personally known ☐ or I.D. \_\_\_\_\_

SEAL

Discipline	Approved / Date	Disapproved / Date	Fees	Conditions Under Which Approved
ZONING				
BUILDING				
STRUCTURAL				
ELECTRICAL				
MECHANICAL				
PLUMBING				
ROOFING				
PUBLIC WORKS				
FLOOD PLAIN				

OFFICE USE ONLY



## City of Sweetwater

Address 1701 NW 112 AVE 102, SWEETWATER, FL 33172

Phone (305) 485-4526

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of Sweetwater to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**3 % surcharge will be applied to each transaction made.**

**Please complete the information below:**

I \_\_\_\_\_ authorize City of Sweetwater to charge my credit card  
(Full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment  
(Amount) (Date)  
is for \_\_\_\_\_.  
(Description of goods/service)

Billing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

Account Type: Visa \_\_\_\_ Master Card \_\_\_\_ American express \_\_\_\_ Discovery \_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated only, and is valid for one time use only. I certify that I am an authorized use for this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.